

NOTICE TO BASE YEAR EMPLOYER

Your future tax rate(s) may be affected by benefits paid to the individuals listed.

Date Mailed 5/5/2011

ABC Company, LLC
PO Box 0000
Any Town, WA 99999-1111

Important Benefit-Related Notice

ES Reference No. 123456-00 7

Unified Bus. Ident. 601 106 016 000

Employment Security Department
Experience Rating Unit
P.O. Box 9046
Olympia, WA 98507-9046
Phone: 360-902-9670
Fax: 360-902-9202

Important: The listed individual(s) have applied for unemployment-insurance benefits.

(The enclosed flyer explains items 1 through 8)

1. CLAIMANT'S NAME AND SOCIAL SECURITY NUMBER	2. TELECENTER NUMBER & EFFECTIVE DATE	3. WBA & MBP	4. 1st & LAST BASE YEAR QUARTERS	5. HOURS AND WAGES REPORTED BY YOUR FIRM	6. TOTAL REPORTED BY ALL EMPLOYERS	7. YOUR % OF BASE YEAR WAGES	8. CODES
TOWNSEND, APRIL J. 123-45-6789	770 05/01/11	177 6454	1/10 4/10	680 9427.11	21417.11	48.83	

If anyone listed on this form continues to work for you without a reduction in hours, please contact the department immediately at (360) 902-9670.

RELIEF OF BENEFIT CHARGES — You may be eligible for relief of charges to your experience rating if separation from employment for any listed individual was: (1) a voluntary quit for reasons not attributed to the employer; (2) a discharge for misconduct connected with the work; (3) a direct result of a catastrophe such as fire, flood or other natural disaster; (4) if the individual continues to be employed by you on a regular, permanent, part-time basis, and if that individual was concurrently employed and subsequently separated from one or more other base year employers; or (5) if the individual was laid off after being hired to replace an activated military reserve or guard member when the military person is deactivated and returns to employment.

If you think you qualify for relief of charges, send a written request to the address or fax number above. It must be received or postmarked within **30 days** of the date your first notice was mailed.

Benefit eligibility is decided by the Unemployment Claims TeleCenter.

If the above information is incorrect or if the individual(s) was not in your employ, please write to the address above as soon as possible.

If you request relief of charges, clearly state that in your request. Please include dates and details of the separation from employment. If the individual is working part time, include current work schedule (times and hours per week).

Please include your ES Reference number and applicant's name and social security number on your request.